



Proposal Form

Corporate Kidnap and Ransom/ Extortion Insurance Application

Important Note

Please read the following before entering into a contract of insurance

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:-

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your Non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Rights Of Subrogation

Where the contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract at risk.

Surrender Of Any Contribution Or Indemnity Rights

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the Contract, but you have agreed with that person or company either before or after the inception of the Contract that you would not seek to recover any loss or damage from that person or company, you are not covered under this Contract for any such loss or damage.



Please answer all of the following questions. If space provided is insufficient, please provide your answers on a separate sheet and attach to this application.

1. (a) Name of applicant to be insured under this policy:

(b) Applicant's mailing address:

(c) List all other subsidiaries to be insured under the policy:

(d) Web site address:

(e) Parent Company of Applicant:

(f) Address of Parent Company:

2. Contact name: _____

Position: _____

Email Address: _____

Fax number: _____

Contact name: _____

Position: _____

Email Address: _____

Fax number: _____



3. Would you like a quotation for the following additional coverage options:

Business Interruption	Yes / No	Value of Products	Yes / No
Recall Expense	Yes / No	Evacuation & Repatriation	Yes / No
Child Abduction	Yes / No		

4. Description of Applicant's business operations:

5. Annual Sales NZ\$ _____

Total Assets NZ\$ _____ (Please attach latest annual report)

6. Limit of Liability requested:

a) \$ _____ each Loss b) _____ each Policy Year

7. Persons on whom insurance is desired; please provide a complete employee census

Total Number of Employees:

a) In New Zealand: _____

b) In Overseas Locations: _____

8. Does the Applicant have operations in, or does any of the Applicant's Directors, Officers, employees or their dependents intend travelling to, any of the following countries? Yes / No

If yes, please advise if Insured has operations in (OP) and or travelling to (TR) for each of the following countries:

Afghanistan	OP / TR	Mexico	OP / TR
Algeria	OP / TR	Mozambique	OP / TR
Amman (Jordan)	OP / TR	Myanmar	OP / TR
Angola	OP / TR	Pakistan	OP / TR
Brazil	OP / TR	Panama (Columbian Border)	OP / TR
Burma	OP / TR	Peru	OP / TR
Burundi	OP / TR	Philippines	OP / TR
Colombia	OP / TR	Somalia	OP / TR
Congo	OP / TR	Sudan	OP / TR
Ecuador	OP / TR	Tajikistan	OP / TR
Georgia	OP / TR	Uganda	OP / TR



Guatemala	OP / TR	Ukraine	OP / TR
Haiti	OP / TR	Ukraine	OP / TR
Honduras	OP / TR	Uzbekistan	OP / TR
Iran	OP / TR	Venezuela	OP / TR
Iraq	OP / TR	Yemen	OP / TR
Kyrgyzstan	OP / TR		

9. For each country in Question 8 where the Insured has operations or employees residing, please advise:

Exact locations of employees	Total number of employees	Number of employees	Ex-patriot employees

10. For each country in Question 8 to which there is any travel to please advise:

Exact locations visited	Number of trips	Average Duration

11. What measures are taken to ensure employee safety?

Personal:



Work-site security:

Transportation:

12. (a) Has the Applicant or any person(s) listed in (7) above ever been declined this type of Insurance, had this type of Insurance cancelled or issued with special conditions imposed?

Yes / No

If Yes, give full particulars

- (b) Does the Applicant propose to have in force any other policy of indemnity or insurance which provides protection against losses of the kind covered by the insurance now being applied for?

Yes / No

If Yes, provide the following details:

Name of Insurer: _____

Type of Coverage: _____

Policy No: _____ Policy Period: _____

Limit of liability: _____ Deductible: _____



13. Has there even been an actual, attempted, or threatened kidnapping, extortion or hijacking (bodily injury or property damage) against the Applicant or the Applicant's directors, officers, employees or their dependents?

Yes / No

If yes, give full details.

14. Has there ever been an actual, attempted, or threatened detention, wrongful or otherwise, by the government of any country against the Applicant or the Applicant's directors, officers, employees or their dependents?

Yes / No

If yes, give full details.

15. Does the Applicant, its directors, officers, or any employees, or any other known person have knowledge or any information of any specific fact which may reasonably give rise to a claim under the proposed policy?

Yes / No

If yes, please describe.



16. The answers you have provided to the above questions will usually provide sufficient information for a proper consideration of your application, However, if there are any matter which are material to the risk to which this application relates, you should disclose those facts to us in the space provided below.

Declaration

I declare that to the best of my knowledge and belief the answers above are true and all material information as explained above have been declared. I agree that this Application is for insurance in the normal terms and conditions of the Corporate Kidnap and Ransom/Extortion Insurance Policy and shall be incorporated into and form the basis of the insurance contract.

Signed: _____

Name: _____

Position: _____

Date: _____



Bring on tomorrow

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